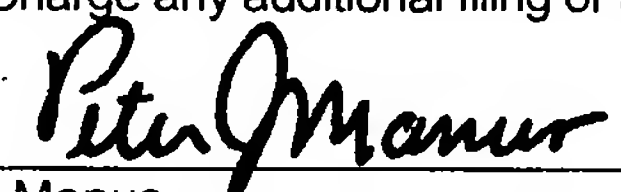
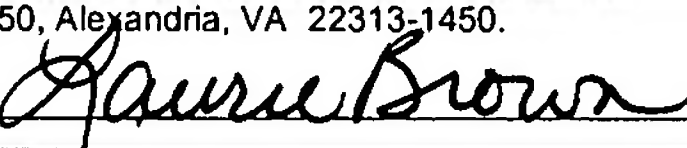
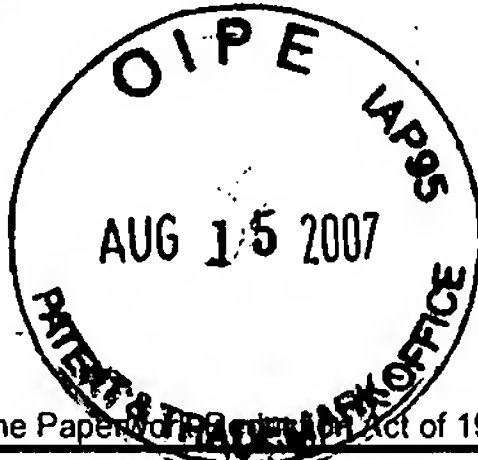


8-18-07

JFW

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 60147(70904) | |
|---|---|---|--|-------------------------------|---------------|
| Application No. 10/713,349-Conf. #4134 | | Filing Date November 14, 2003 | | Examiner A. Neyzari | |
| | | | | Art Unit 2627 | |
| Applicant(s): Nobuyuki Takamori et al. | | | | | |
| Invention: OPTICAL INFORMATION RECORDING MEDIUM, RECORDING AND REPRODUCTION METHODS USING THE SAME, OPTICAL INFORMATION RECORDING DEVICE, AND OPTICAL INFORMATION REPRODUCTION DEVICE | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 14 | - 26 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 4 | - 10 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): 1806 Submission of an Information Disclosure Statement | | | | | 180.00 |
| 1814 Statutory Disclaimer | | | | | 130.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 310.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>310.00</u> . A duplicate copy of this sheet is enclosed. | | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  Peter J. Manus Attorney/Agent Reg. No.: 26,766 EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 | | | | Dated: <u>August 15, 2007</u> | |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EM054393739US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | | | | | |
| Dated: August 15, 2007 | | | Signature:  (Laurie Brown) | | |



PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--------------------|--------------------------|------------------------|
| FEE TRANSMITTAL For FY 2007 | | Complete if Known | |
| | | Application Number | 10/713,349-Conf. #4134 |
| | | Filing Date | November 14, 2003 |
| | | First Named Inventor | Nobuyuki Takamori |
| | | Examiner Name | A. Neyzari |
| | | Art Unit | 2627 |
| | | Attorney Docket No. | 60147(70904) |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 310.00 | | |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u> | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | |

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 20 = _____ | x _____ | = _____ | |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 3 = _____ | x _____ | = _____ | |

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | _____ |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = _____ | /50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

| | |
|---|--------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement | 180.00 |
| 1814 Statutory Disclaimer | 130.00 |

| | | | |
|---------------------|-----------------------|-----------------------------------|-----------------|
| SUBMITTED BY | | | |
| Signature | <i>Peter J. Manus</i> | Registration No. (Attorney/Agent) | 26,766 |
| Name (Print/Type) | Peter J. Manus | Telephone | (617) 517-5530 |
| | | Date | August 15, 2007 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EM054393739US, on the date shown below in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.*

Dated: August 15, 2007

Signature: *Laurie Brown* (Laurie Brown)